

# Exhibit A



## Notice of Service of Process

null / ALL  
Transmittal Number: 18436310  
Date Processed: 07/16/2018

**Primary Contact:** SOP Team nwsop@nationwide.com  
Nationwide Mutual Insurance Company  
Three Nationwide Plaza  
Columbus, OH 43215

**Electronic copy provided to:** Ashley Roberts

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**Entity:** Nationwide Mutual Insurance Company  
Entity ID Number 3277054

**Entity Served:** Nationwide Mutual Insurance Company

**Title of Action:** Robert Scaturro vs. Nationwide Mutual Insurance Company

**Document(s) Type:** Summons/Complaint

**Nature of Action:** Contract

**Court/Agency:** Madison County Circuit Court, Illinois

**Case/Reference No:** 2018L 000727

**Jurisdiction Served:** Ohio

**Date Served on CSC:** 07/16/2018

**Answer or Appearance Due:** 30 Days

**Originally Served On:** Nationwide Mutual Insurance Company on 07/16/2018

**How Served:** Client Direct

**Sender Information:** Roth Law Offices LLC  
N/A

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Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

**To avoid potential delay, please do not send your response to CSC**

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com

June 4, 2018

Case 3:18-cv-01490-MJR-RJD Document 1-1 Filed 08/13/18 Page 3 of 30 Page ID #6

L00133249073071618

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
MADISON COUNTY  
155 N Main St., Edwardsville, IL 62025  
(618) 296-4464  
madisoncountycircuitclerkIL.org

CASE No. 2018 L 000727

DATE: June 04, 2018

ROBERT SCATURRO

PLAINTIFF

VS.

NATIONWIDE MUTUAL INSURANCE COMPANY  
ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

DEFENDANT

DEFENDANT: NATIONWIDE MUTUAL INSURANCE COMPANY

You are hereby summoned and required to file an answer in this case, or otherwise file your appearance, in the office of the Madison County Circuit Clerk, within 30 days after service of this summons, exclusive of the day of service. If you fail to do so, a judgment or decree by default may be taken against you for the relief prayed in the complaint.

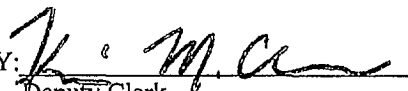
This summons must be returned by the officer or other person to whom it was given for service, with endorsement thereon of service and fees, if any, immediately after service. If service cannot be made, this summons shall be returned so endorsed.

This summons may not be served later than 30 days after its date.



MARK VON NIDA the Clerk of said Circuit Court and the seal thereof, at Edwardsville, Illinois, this June 4, 2018 .

MARK VON NIDA  
CLERK OF THE CIRCUIT COURT

BY:   
Deputy Clerk

(Plaintiff's attorney or plaintiff if he is not represented by an attorney)

RONALD A. ROTH  
ROTH LAW OFFICES LLC  
2421 CORPORATE CENTRE DR  
STE 200  
GRANITE CITY, IL 62040

Date of Service: \_\_\_\_\_, 20\_\_\_\_.

(To be inserted by officer on the copy left with the defendant or other person)

1 of 2

The Madison County Court makes every effort to comply with accessibility laws and provides reasonable accommodations to persons with disabilities. Hearing, visual and other assistance may be arranged by contacting our Court Disability Coordinator, Teri Picchioldi at 618-296-4884.

L00133249074071618

CASE No. 2018 L 000727

STATE OF ILLINOIS }  
MADISON COUNTY } ss.

I, \_\_\_\_\_, Sheriff of said county, have duly served the within summons on the defendant  
\_\_\_\_\_ by leaving a copy thereof with said defendant personally, on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

I have duly served the said summons on the defendant, \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by leaving a copy of  
said summons on said date at his/her usual place of abode with \_\_\_\_\_, a person of the  
family of said \_\_\_\_\_ of the age of 13 years or upwards and by informing such persons with whom  
said summons was left of the contents thereof and by also sending a copy of said summons on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, in a sealed envelope, with postage fully prepaid, addressed to said defendant  
\_\_\_\_\_, at his/her usual place of abode, as stated hereinabove in my return.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sheriff

Sheriff's Fees

Service.....\$ \_\_\_\_\_

Making Copies.....\$ \_\_\_\_\_

Miles Traveled..\$ \_\_\_\_\_

Cost of mailing copies \$ \_\_\_\_\_

Return.....\$ \_\_\_\_\_

Total.....\$ \_\_\_\_\_

ROBERT SCATURRO

PLAINTIFF

VS.

NATIONWIDE MUTUAL INSURANCE COMPANY  
ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

DEFENDANT

L00133249075071618

IN THE CIRCUIT COURT  
THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

ROBERT SCATURRO, )  
 )  
Plaintiff, )  
 )  
v. ) No.  
 )  
NATIONWIDE MUTUAL INSURANCE )  
COMPANY, )  
Serve at: One Nationwide Plaza )  
Columbus, OH 43215 )  
Defendant. )

COMPLAINT

COUNT I

Comes now Plaintiff, Robert Scaturro, by and through his attorney, Ronald A. Roth of the Roth Law Offices, LLC, and for Count I of his cause of action against Nationwide Mutual Insurance Company, states:

1. Robert Scaturro is a resident of Madison County, Illinois, and owns real property located at 4140 Pontoon Road, in Pontoon Beach, Illinois.
2. Nationwide Mutual Insurance Company is a mutual insurance company with policy holders throughout the United States.
3. Robert Scaturro purchased an insurance policy covering the property located at 4140 Pontoon Road, Pontoon Beach, Illinois, from Nationwide Mutual Insurance Company on February 5, 2016. A copy of said policy is attached hereto as Exhibit A. It states, at 0001296, that it includes a business and personal property coverage form.
4. On September 4, 2016, the building suffered substantial damage by reason of a flood.

5. Plaintiff, in addition to owning the building, operated a substantial advertising agency within the building. Because of the flood and the damage, Plaintiff was unable to operate the business without payments by the insurer which would allow the building to be kept in operation. In addition, the nature of the business was such that substantial business would be lost if the business did not put out advertising as promised to customers in a timely way.

6. Because of delays by Defendant which were unjustified, insurance payments were not made in a timely fashion to Plaintiff.

7. As a result, Plaintiff was not able to keep the business operating.

8. Plaintiff, as a result of the failure of Defendant to make timely payments in accordance with their policy, has suffered consequential damages for loss of business in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00).

WHEREFORE, Plaintiff, Robert Scaturro, prays judgment against Defendant, Nationwide Mutual Insurance Company, in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), plus interest since the date of the incident.

## **COUNT II**

Comes now Plaintiff, Robert Scaturro, by and through his attorney, Ronald A. Roth of the Roth Law Offices, LLC, and for Count II of his cause of action against Nationwide Mutual Insurance Company, states:

1. Robert Scaturro is a resident of Madison County, Illinois, and owns real property located at 4140 Pontoon Road, in Pontoon Beach, Illinois.

2. Nationwide Mutual Insurance Company is a mutual insurance company with policy holders throughout the United States.

3. Robert Scaturro purchased an insurance policy covering the property located at 4140 Pontoon Road, Pontoon Beach, Illinois, from Nationwide Mutual Insurance Company on February 5, 2016. A copy of said policy is attached hereto as Exhibit A. It states, at 0001296, that it includes a business and personal property coverage form.

4. Robert Scaturro purchased this policy on line. It was Mr. Scaturro's intention to purchase coverage for personal property as well as the real estate.

5. The attached policy which he purchased is ambiguous in that it contains provisions concerning coverage of personal property, does not contain any exclusion of personal property and contains other declarations which are ambiguous and do not fairly advise him that personal property is not covered.

6. Mr. Scaturro, based on this, believed that he was covered for loss of personal property. He was never told otherwise.

7. When the flood occurred on September 4, 2016, personal property with more than \$250,000.00 was destroyed. Plaintiff made a claim for the personal property destroyed but, to his surprise, Mr. Scaturro was told there was no coverage for personal property on premises, despite policy language indicating otherwise.

8. As a result of said failure to pay the claim, the Plaintiff has been damaged in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00).

9. In addition, there is coverage for personal property and does not contain an exclusion is a violation of Section 155 of the Illinois Insurance Code, which allows for payment of a 25% penalty, plus attorney's fees and costs of litigation.

WHEREFORE, Plaintiff, Robert Scaturro, prays judgment against Defendant, Nationwide

Mutual Insurance Company, in an amount in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), plus interest since the date of the incident, plus the penalty as provided in Section 155 of the Illinois Insurance Code, attorney's fees and costs.

/s/Ronald A. Roth  
Ronald A. Roth #03122075  
Roth Law Offices, LLC  
2421 Corporate Centre Drive, Ste. 200  
Granite City, IL 62040  
#618/931-5000  
Fax #618/931-6474  
[raroth@rothlaw.com](mailto:raroth@rothlaw.com)  
Attorney for Plaintiff



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**Nationwide**  
On Your Side™

IN 74 42 03 07

★★★★★★

**IMPORTANT INSURANCE INFORMATION**

★★★★★★

Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

**CONSUMER REPORT INQUIRY NOTICE**

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

IN 74 42 03 07

Page 1 of 1

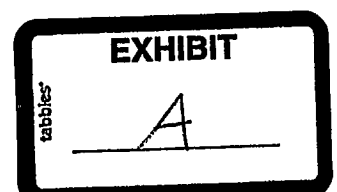
ACP 30-0-7426298

LD9D 16053

AGENT COPY

IN7442030700 0002

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**Nationwide®**  
On Your Side™**COM-PAK SUMMARY**

PRINTED 02/23/2016

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215-2220

Number:	ACP 3007426298	Effective from 02/05/2016	to 02/06/2017
Named Insured:	ROBERT SCATURRO		
	DBA SENIOR REFERRAL SERVICES		
Mailing Address:	4140 PONTOON RD		
	GRANITE CITY, IL 62040-4535		
Agency Name:	Nationwide Sales Solutions Inc	10 06281-966	23 CSC
Agency Address:	DES MOINES IA 50391-2010	(800)421-1444	
Producer:	OMASEY JEMERIGBE		

Division	Program	Total Premium	Commission
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE)	\$ 600.00	\$ 60.00
B	COMMERCIAL PROPERTY (NATIONWIDE)	\$ 1,480.00	\$ 148.00

Not a bill. Your bill is sent separately.

NI

Estimated Total Premium:	\$	2,080.00
Estimated Total Commission:		208.00

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

PAKSUM 01 08

DIRECT BILL EMM340

LD9D

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AGENT COPY

ACP 3007426298

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IN 72 39 01 15

**NOTICE OF TERRORISM INSURANCE COVERAGE**  
**NOTICE – DISCLOSURE OF PREMIUM**

**Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto, Crime, and Workers Compensation**

**(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government pays the following percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

85%, for insured losses occurring before January 1, 2016;  
84%, for insured losses occurring during the 2016 calendar year;  
83%, for insured losses occurring during the 2017 calendar year;  
82%, for insured losses occurring during the 2018 calendar year;  
81%, for insured losses occurring during the 2019 calendar year; and  
80%, for insured losses occurring on or after January 1, 2020.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurer's liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

IN 72 39 01 15

Page 1 of 1

DIRECT BILL EMM340

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AGENT COPY

ACP 3007426298

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**NATIONWIDE MUTUAL INSURANCE COMPANY**  
**ONE NATIONWIDE PLAZA**  
**COLUMBUS, OH 43215-2220**

06281  
**NEW BUSINESS**

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

Policy Number: **ACP GLO 3007426298**

Named Insured: **SCATURRO, ROBERT - DBA**  
**SENIOR REFERRAL SERVICES**

Address: **4140 PONTOON RD**  
**GRANITE CITY IL 62040-4535**

Agent: **Nationwide Sales Solution** **10-06281-966** **CSC**  
Address: **DES MOINES IA 50391** PRODUCER: **OMASEY JEMERIGBE**

Policy Period: From **02/05/16** to **02/05/17** 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**LIMITS OF INSURANCE**

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: **INDIVIDUAL**

Business of the Named Insured is: **PRINTING AND MAILING SERV**

Audit Period: **ANNUAL**

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

**TOTAL ADVANCE PREMIUM \$ 600.00M**

Replacement or  
Renewal Number

Countersigned By \_\_\_\_\_  
Authorized Representative

GL-D (10-98)

DIRECT BILL LD9D 16054 Comm. 1000

AGENT COPY

ACP GLO 3007426298

921417514

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0001289

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**NATIONWIDE MUTUAL INSURANCE COMPANY**  
**ONE NATIONWIDE PLAZA**  
**COLUMBUS, OH 43215-2220**

**COMMERCIAL GENERAL LIABILITY SCHEDULE**

Policy Number: **ACP GLO 3007426298**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A IL-504 MAILING OR ADDRESS- ING COMPANIES INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS 4140 PONTOON RD  GRANITE CITY IL620404535	45937	GROSS SALES 320,000	PER THOUSAND .501		\$218MIN	
MINIMUM PREMIUM ADJUSTMENT					\$382	

Total Advance Other and PR/CO **\$600MIN**

TOTAL ADVANCE PREMIUM **\$600MIN**

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

L00133249084071618

**NATIONWIDE MUTUAL INSURANCE COMPANY**  
**ONE NATIONWIDE PLAZA**  
**COLUMBUS, OH 43215-2220**

**COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS**

Number: **ACP GLO 3007426298**

Period: From **02/05/16** To **02/05/17**

Named Insured: **SCATURRO, ROBERT - DBA**

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0200	1207	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2144	0798	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
CG7060	1096	EXCLUSION - ASBESTOS, LEAD AND RADON
CG7145	1203	ILLINOIS EXCLUSION - PUNITIVE DAMAGES
CG7463	1013	POLLUTION EXCLUSION AMENDMENT - ILLINOIS
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0147	0911	ILLINOIS CHANGES - CIVIL UNION
IL0162	1013	ILLINOIS CHANGES - DEFENSE COSTS
13614	0789	SPECIAL CONTINUATION PROVISION
IMPORTANT NOTICES		
IN7526	1215	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7656	0412	THE RELIGIOUS FREEDOM PROTECTION AND CIVIL UNION ACT OF ILLINOIS POLICYHOLDER
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES

**GLDF (02-93)**

**CG 21 44 (07-98)**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR  
PROJECT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

**Premises:**

**4140 PONTOON RD, GRANITE CITY, IL 62040 4535**

**Project:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance applies only to "bodily injury," "property damage," "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

Copyright, Insurance Services Office, Inc., 1997

**CG 21 44 (07-98)**

ACP GLO 3007426298

LD9D

16054

AGENT COPY

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**NATIONWIDE MUTUAL INSURANCE COMPANY**  
**ONE NATIONWIDE PLAZA**  
**COLUMBUS, OH 43215-2220**

**NEW BUSINESS****DECLARATIONS**

Policy Number: **ACP CPP 3007426298** **COMMERCIAL PROPERTY**

---

Named Insured: **SCATURRO, ROBERT = DBA**  
**SENIOR REFERRAL SERVICES**

Mailing Address: **4140 PONTOON RD**  
**GRANITE CITY**  
**IL 62040-4535**

---

Agent: **Nationwide Sales Solutions Inc** **10-06281** **CSC**  
Address: **DES MOINES IA 50391**  
Producer: **OMASEY JEMERIGBE**

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Policy Period: This policy is effective from **02/05/16** to **02/05/17** 12:01 A.M.  
Standard time at the above mailing address.

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This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0010	1012	0	CP0090	0788	0	CP0140	0706	0
CP1270	0996	0	IL0017	1198	0	IL0162	1013	0
IL0935	0702	0	IN7527	0909	0	IN7809	1115	0
LI0995	0107	0	13614	1185	0			

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Mortgagee and loss payee information - See schedules CP-DM and CP-DL

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Replacement or  
Renewal Number

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
Date \_\_\_\_\_ Authorized Representative \_\_\_\_\_

---

Premium for Certified Acts of Terrorism \$ 0.00  
Total Agent Commission \$ 148.00  
Total Annual Premium \$ 1,480.00

Total Policy Premium \$ 1,480.00

CP-D (10-98)



L00133249087071618

## NATIONWIDE MUTUAL INSURANCE COMPANY

## COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPP 3007426298

Policy Period: From 02/05/16 To 02/05/17

Named Insured: SCATURRO, ROBERT = DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	<b>TOTAL POLICY PREMIUM</b>		<b>\$ 1,480.00</b>
	<b>POLICY WIDE OPTIONAL COVERAGES</b>		
1	4140 PONTOON RD GRANITE CITY IL Protection Class: 03		
1	MAILING OR ADDRESSING COMPANIES		
1	BUILDING	\$ 500,000	
	GROUP 1		\$ 632.00
	GROUP 2		\$ 449.00
	SPECIAL - CAUSE OF LOSS		\$ 240.00
	MINE SUBSIDENCE	\$ 500,000	\$ 159.00

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## NATIONWIDE MUTUAL INSURANCE COMPANY

## COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007426298

Policy Period: From 02/05/16 To 02/05/17

Named Insured: SCATURRO, ROBERT = DBA

\*\*\*\* Premise No 01 \*\*\*\* Total Premium \$ 1,480.00

Address: 4140 PONTOON RD  
City: GRANITE CITY

State: IL

Zip Code: 62040-4535

Description: MAILING

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
****	****	****	****	****	****	****	****	****
CP7104	0707	0	IL0118	1010	0	IL0284	1205	0
IL0952	0115	0	IN7404	0107	0			

\*\*\*\*\*  
 \*\* Building No 01 \*\* Total Premium \$ 1,480.00

Occupancy Group - SERVICE  
 Description: MAILING OR ADDRESSING COMPANIES  
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
****	****	****	****	****	****	****	****	****

## Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinurance	Deductible	Premium
01	BUILDING	\$ 500,000	SPECIAL	90%	1000	1,480.00

Description: MAILING

Optional Coverages:  
 Replacement Cost  
 Inflation Guard 4%

Mine Subsidence Coverage: Coverage Limit 500,000 Premium \$159.00

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
****	****	****	****	****	****	****	****	****
CP1030	1012	0	IL0912	1011	0	IN7058	0115	0

\*\*\*\*\*

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**NATIONWIDE MUTUAL INSURANCE COMPANY****COMMERCIAL PROPERTY FORMS AND ENDORSEMENTS**Policy Number: **ACP CPP 3007426298**Policy Period: From **02/05/16** To **02/05/17**Named Insured: **SCATURRO, ROBERT = DBA**

Form	Date	Title
CP0010	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITION
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP1030	1012	CAUSES OF LOSS - SPECIAL FORM
CP1270	0996	JOINT OR DISPUTED LOSS AGREEMENT
CP7104	0707	AMENDATORY ENDORSEMENT
IL0017	1198	COMMON POLICY CONDITIONS
IL0118	1010	ILLINOIS CHANGES
IL0162	1013	ILLINOIS CHANGES - DEFENSE COSTS
IL0284	1205	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
IL0912	1011	ILLINOIS CHANGES - MINE SUBSIDENCE - NON-RESIDENTIAL BUILDING
IL0935	0702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IN7058	0115	ILLINOIS NOTICE AND WAIVER OF MINE SUBSIDENCE COVERAGE
IN7404	0107	IMPORTANT FLOOD INSURANCE NOTICE
IN7527	0909	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
LI0995	0107	CONDITIONAL EXCLUSION OF TERRORISM
13614	1185	SPECIAL CONTINUATION PROVISION



**Robert Scaturro**  
**Senior Referral Services**  
**Commercial Insurance Application**

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

**Binding Information**

Agent 06281 - Nationwide Sales Solutions Inc  
 Producer 966 - OMASEY SANDRA JEMERIGBE  
 State Producer License Number 16706902

Is Coverage Bound? Yes

Date/Time Bound 02/05/2016 01:15 PM CST

**Account Summary**

Coverage Type	Policy Prefix	Company	Premium
Commercial Property	CPP	Nationwide Mutual Insurance Company	\$ 1,480.00
General Liability	GLO	Nationwide Mutual Insurance Company	\$ 600.00
<b>Total Premium:</b>			<b>\$ 2,080.00</b>

This quote is based on information provided and rates in force at the time of quotation and is subject to underwriting. Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered.  
 Coverage is not bound and no coverage will be afforded by this quotation. This insurance quote is not a part of the insurance policy. If there is any discrepancy in the coverages shown in this quote and that of the actual policy issued, the policy coverages will prevail.

**Billing Summary**

Billing Method: Direct Bill  
 Down Payment Amount: \$347.00  
 Billing Frequency: Monthly  
 Payment Plan: 12 Pay Plan  
 Down Payment Method: Credit Card  
 Suspense Number: 8857803  
 Flex Check: No

The applicant has read, understands, and agrees to abide by the terms and conditions outlined in this application ..... ☒ Yes ☐ No  
 By checking this box, I am providing my electronic signature to this document. Agent Signature: ..... ☒ Yes ☐ No  
 The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

Date



Nationwide®

**Robert Scaturro**  
**Senior Referral Services**  
**Commercial Insurance Application**

Quote Number: ACP 3007426298

Effective: 02/05/2016 to 02/05/2017

**Notice of Insurance Information Practices**

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with your application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information can be accessed using the 'Privacy Statement' link located at the bottom of the Agent Center or by contacting your agent or broker and asking for additional details about our information and disclosure practices.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I, the applicant, have read, understands, and agrees to abide by the terms and conditions outlined in this application ..... ☒ Yes ☐ No  
By checking this box, I am providing my electronic signature to this document. Agent Signature: ..... ☒ Yes ☐ No  
The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant's Signature

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**Applicant Profile**

Has any policy been cancelled or non-renewed within the past five years? ☐ Yes ☒ No  
 Has the applicant been involved in any lawsuits? ☐ Yes ☒ No  
 Have any judgments or liens been rendered against the applicant? ☐ Yes ☒ No  
 Does the applicant have subsidiaries? ☐ Yes ☒ No

**Operations**

How many years has the applicant been in this line of work? 10 years

When Business Started 2011

Please select all operations that apply

<input type="checkbox"/> Contracting	<input type="checkbox"/> Apartments/Condos/Dwellings	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Grocery/Convenience Store	<input type="checkbox"/> Restaurant/Food Service	<input type="checkbox"/> Wholesale/Distributor
<input type="checkbox"/> Golf Course	<input type="checkbox"/> Churches	<input checked="" type="checkbox"/> Printers
<input type="checkbox"/> Lessor's Risk	<input type="checkbox"/> Other	

Gross Annual Receipts \$ 100,000

Describe the applicant's operations, including a description by premises.  
 general mail printing services, bills, etc. Then mail them out.

Does the applicant have a website pertaining to these operations? ☐ Yes ☒ No  
 For each Line of Business submitted with this application, does the applicant have any other exposures that have not been identified? ☐ Yes ☒ No

Select the applicant's risk management practices:

☒ No formal programs

Do employees use their personal auto for the delivery of food or other goods? ☐ Yes ☒ No

**Named Insureds**

Robert Scaturro  
 BA: Senior Referral Services  
 Entity Type: Individual  
 SS# XXX-XX-1111

**Addresses**

140 Pontoon Rd  
 Granite City, IL 62040 - 4535  
 Madison  
 Address Type: Primary, Mailing, Billing

**Account Contacts**

Insured Contact: Omasey Jemerigbe  
 Work Phone: (515) 864-5776  
 Email: jemerio2@nationwide.com

Producer Contact: Robert Scaturro  
 Work Phone: (618) 975-8202  
 Email: rscat7@gmail.com



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**Prior Carrier**

Has the applicant had prior insurance with standard markets for all lines of business included on the quote? . . . . . ☒ Yes ☐ No

Carrier: None

**Loss History**

Has the applicant had any losses associated with the lines quoted in the past three years? . . . . . ☐ Yes ☒ No



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**Commercial Property**

**General**  
Are any of the buildings vacant? ..... ☐ Yes ☒ No  
Does the exterior of any building include Exterior Insulation Finishing Systems (EIFS)? ..... ☐ Yes ☒ No





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**Robert Scaturro  
Senior Referral Services****Commercial Insurance Application**

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**Commercial Property**

**Policy 1 :** CPP **Total Policy Premium \$ 1,480.00**  
**States of Operation:** Illinois  
**Primary Operations State:** Illinois  
**Premium for Certified Acts of Terrorism \$ 0.00**

Policywide Options	Limit	Deductible	Premium
--------------------	-------	------------	---------

<b>Schedule Summary</b>			<b>Total Limit</b>
Location 1			
Building 1			\$ 500,000

**Schedule**

**Location 1**  
1140 Pontoon Rd, Granite City, IL 62040 - 4535  
Occupancy : Mailing  
OSP Territory : 305  
Protection Class : 03

**Building 1****General Information**

Original Year Built	1994
Occupancy Certified Year	1994
Number of Stories	1
Building Construction	Frame
Roof Type	Asphalt
Total Area (Sq Ft)	3,000
Classification Code	0921
Classification Description	Mailing or Addressing Companies
Owner Occupied	
Occupancy Group	Service
Burglar Alarm	None
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No

**Building Improvement**

Have the roof, wiring, heating, and/or plumbing systems been updated since original Construction? ..... ☐ Yes ☒ No  
Are there any other occupancies in the building? ..... ☐ Yes ☒ No



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**General Liability**

- General**
- Are there any buildings or premises owned or occupied by the applicant but not described on this application? ..... ☐ Yes ☒ No
- Have there been any losses or claims relating to allegations of sexual abuse, molestation, discrimination or negligent hiring? ..... ☐ Yes ☒ No
- Has this business operated from a private residence? ..... ☐ Yes ☒ No
- Have any operations been sold, acquired, or discontinued in the last 5 years? ..... ☐ Yes ☒ No
- Does the applicant hire or contract for services? (e.g., building repairs, snow removal, janitorial services, etc.) ..... ☐ Yes ☒ No
- Products/Completed Operations**
- Are any of the applicant's products related to the aircraft or space industry? ..... ☐ Yes ☒ No
- Have any of the applicant's products been recalled, discontinued or changed? ..... ☐ Yes ☒ No
- Are products of others sold or re-packaged under the applicant's label? ..... ☐ Yes ☒ No
- Are products manufactured or sold under the label of others? ..... ☐ Yes ☒ No
- Does vendors coverage required? ..... ☐ Yes ☒ No
- Other**
- Do customers sign forms acknowledging acceptance of the final printed product? ..... ☐ Yes ☒ No
- Does the applicant obtain a contract release on copyrighted material? ..... ☐ Yes ☒ No



**Robert Scaturro**  
**Senior Referral Services**  
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**General Liability**

Policy 1 : GLO  
 States of Operation: Illinois  
 Primary Operations State: Illinois  
 Total Policy Premium \$ 600.00  
 Premium for Certified Acts of Terrorism \$ 0.00

Coverage	Limit	Deductible	Premium
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000		Included
Products - Completed Operations Aggregate	\$ 2,000,000		Included
Personal and Advertising Injury	\$ 1,000,000		Included
Each Occurrence	\$ 1,000,000		Included
Damage to Premises Rented to you - any one premise	\$ 100,000		Included
Medical Expense Limit - any one person	\$ 5,000		Included

**Policywide Characteristics**

**Schedule**

Location 1  
 1140 Pontoon Rd  
 Granite City, IL 62040 - 4535  
 Territory 504

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/CO	Premium Other	Premium PR/CO
Mailing or Addressing Companies	45937	Gross Sales	320,000	0.501	Included	\$ 218.00	Included



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L0013324909807 Mail 8 **ide Sales Solutions Inc**  
(800) 421-1444

**Robert Scaturro**  
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**Attachments Information**

Are there any attachments to submit with this application? ..... ☐ Yes ☒ No



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**Internal Use Only**

**Quote Summary**

Quote Quoted	10/19/2015 11:28 AM CDT	Current Policy Number	
Quote Origin	New Business	First In Conflict	No
Served By	Agency		

**Pricing Modifications Summary**  
**Line of Business (Prefix)**

	<b>Pricing Modification</b>	<b>Credit</b>	<b>Debit</b>	<b>Final Premium</b>
Commercial Property & Contractors Property (CPP)	None	None	None	\$ 1,480.00
General Liability (GLO)	None	None	None	\$ 600.00
		<b>Total:</b>		<b>\$ 2,080.00</b>

**Underwriting Instructions:**

Quote: Standard

**Lines of Business:**

Commercial Property (CPP)  
General Liability (GLO)

**Underwriting:**

Standard  
Standard

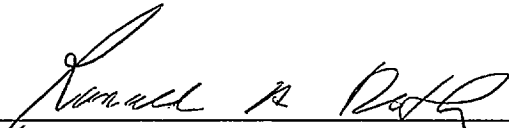
IN THE CIRCUIT COURT  
THIRD JUDICIAL CIRCUIT  
MADISON COUNTY, ILLINOIS

ROBERT SCATURRO, )  
 )  
Plaintiff, )  
 )  
v. ) No.  
 )  
NATIONWIDE MUTUAL )  
INSURANCE COMPANY, )  
 )  
Defendant. )

**AFFIDAVIT OF DAMAGES**

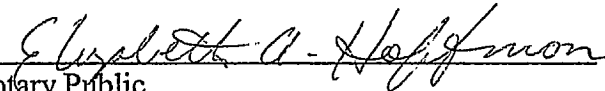
Comes now Ronald A. Roth, attorney for Plaintiff in the above matter, and pursuant to Supreme Court Rules, hereby states the total of money damages sought in the above-styled matter is in excess of TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000.00).

Further Affiant sayeth not.

  
\_\_\_\_\_  
Ronald A. Roth #03122075  
Roth Law Offices, LLC  
2421 Corporate Centre Dr., Ste. 200  
Granite City, IL 62040  
#618/931-5000  
Attorney for Plaintiff

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF MADISON )

SUBSCRIBED AND SWORN to before me this 1 day of June,  
2018.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

